

P.O. Drawer 400 2665 San Angelo Ingleside, TX 78362

Phone: 361-776-3815 Fax: 361-776-1027

APPLICATION FOR BUILDING PERMIT

Building Site Address:					Permit #:		
Legal Description	n: Lot:	Block	: Subc	livision:			
Setbacks:	Front:	_ Left side:	_ Right Side:	Rear:	Square Footage: _	Val	uation: \$
OWNER:	Name:				Phone #:		
	Address:						
CONTRACTOR	: Name:	,	ber & Street)		(City) Phone #:	(State)	(Zip)
	Address:				(C':)		
ENGINEER:	Name:	,	ber & Street)		(City) Phone #:		(Zip)
	Address:						
ARCHITECT OR DESIGNER:		,	ber & Street)		(City) Phone #:		(Zip)
	110010551		ber & Street)		(City)	(State)	(Zip)
Class of Work:	New()	Remo	del/Repair ()		Driveway/Pavi	ing()	Swimming Pool ()
Describe Work: _							
Engineer S Two (2) se One (1) sn Signed Re Driveway Elevation Survey, if Availability TDLR# (of Proposed Sectificate	Sealed and ets of full small set-8½ sidential of is required deemed nearly of water over 50,000 lot drainage of Termit	e x 11 or 8½ x r Commercial of the commercial of the show the forecessary by But and sewer. Imply the commercial of the	ation Plan. ilding plans, in 14 (may be sent Energy Check I ss than One (1) bundation floor ilding Inspector upact Fees (wate	t by email Report. acre of lan 12" above r. er/sewer) n	to: building@ingles d flood plain or street nust be paid prior to	elevation. Is building perm	
disposed of at the	e expense on subcon	of the owner/co tractors must b	ontractor. be registered by				ered will result in no permits
Signature:				Rev	iewed By:		Date:
			OFF	ICE US	E ONLY		
Zone:		Occup	pancy Type:		Occup	ancy Load:	

REVIEWD BY: _

DATE: _

APPROVED: _